

## COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

Adopted Parmed inventor, I hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural pames are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS FOR TREATING VASCULAR DISORDERS, the specification of which

(check one)	[] [X]	is attached hereto was filed on January 8, 20	04 as US Applicatio	on Serial Number 10/754,364.
I hereby state to by any amendr			contents of the above	e identified specification, including the claims, as amended
priority benefit PCT Internation below any fore	ts under 35 mal applic ign applic	U.S.C, 119(a)-(d) or 365(b) ation which designated at lea	of any foreign applic st one country other t	entability as defined in 37 CFR 1.56. I hereby claim foreign cation(s) for patent or inventor's certificate, or 365(a) of any than the United States, listed below and have also identified aternational application having a filing date before that of the
NONE				
Prior Foreign A	Applicatio	n(s)		Priority Not Claimed
1)	Number)	(Country)	(Day/Month/)	
I hereby claim	the benefi	t under 35 U.S.C. 119(e) of	any United States pro	ovisional application(s) listed below.
NONE				
		(Application Number	) (Filir	ng Date)
designation the the prior United the duty to disc	United St d States or lose infort	ates, listed below and, insofa PCT International application	r as the subject matter on in the manner provi atentability as defined	ication(s), or .365(c) of any PCT International application or of each of the claims of this application is not disclosed in yided by the first paragraph of 35 U.S.C. 112, I acknowledge d in 37 CFR 1.56 which became available between the filing late of this application.
(Appl	ication Nu	 umber)	(Filing Date)	(Status -patented, pending, abandoned)

I hereby appoint STEPHEN DONOVAN, Registration No. 33,433 (to whom all communications are to be directed), at Allergan, Inc. (T2-7H), 2525 Dupont Drive, Irvine, CA. 92612, telephone number (714) 246-4026, facsimile number (714) 246-4249, and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

<u>Name</u>	Registration No.	
Martin A. Voet	25,208	
Robert J. Baran	25,806	
Carlos A. Fisher	36,510	
Brent A. Johnson	51,851	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR:								
First Name:	Initial	Last Name						
MITCHELL	F.	BRIN						
RESIDENCE & CITIZENSHIP								
City	State or Foreign Country	Country of Citizenship						
NEWPORT BEACH	CALIFORNIA	U.S.A.						
POST OFFICE ADDRESS								
Post Office Address	City	State or Country	Zip Code					
30 SAN ANTONIO	NEWPORT BEACH	CALIFORNIA	92660					
SIGNATURE OF INVENTOR		DATE:	DATE:					
mo P. Helenter		Telamany 13, 2004						
			M					
FULL NAME OF INVENTOR:	1							
First Name:	Initial	Last Name						
MARKUS	K.	NAUMANN						
RESIDENCE & CITIZENSHIP		,						
City	State or Foreign Country	Country Of Citizenship						
D97273 KURNACH	GERMANY	GERMANY						
POST OFFICE ADDRESS								
Post Office Address	City	State or Country	Zip Code					
SCHWARZE ACKER 81	D-97273 Kurnach	Germany						
SIGNATURE OF INVENTOR	<del></del>	DATE:						

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR:			
First Name:	Initial	Last Name	
MITCHELL	F.	BRIN	
RESIDENCE & CITIZENSHIP			
City	State or Foreign Country	Country of Citizenship	
NEWPORT BEACH	CALIFORNIA	U.S.A.	
POST OFFICE ADDRESS			
Post Office Address	City	State or Country	Zip Code
30 SAN ANTONIO	NEWPORT BEACH	CALIFORNIA	92660
SIGNATURE OF INVENTOR		DATE:	
FULL NAME OF INVENTOR:			
First Name:	Initial	Last Name	
MARKUS	к.	NAUMANN	
RESIDENCE & CITIZENSHIP			
City	State or Foreign Country	Country Of Citizenship	
D97273 KURNACH	GERMANY	GERMANY	
POST OFFICE ADDRESS		<u></u>	
Post Office Address /	City	State or Country	Zip Code
SCHWARZE ACKER 81	<b>D-97273 Kurnach</b>	Germany	
SIGNATURE OF INVENTOR		DATE: 20 - 1, 04	